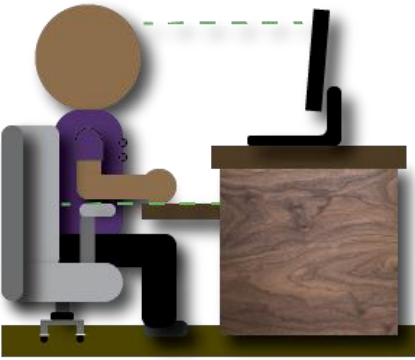



## Office Ergonomic Self-Assessment

Go through this checklist while in your daily workstation and check “Yes” or “No” to the best of your ability. Any items checked “No” may need to be addressed and corrected according to the information provided in the Ergonomics Toolkit.

**Please Note:** By no means does this self-assessment substitute a medical diagnosis.

HEAD	YES	NO
Are you facing straight ahead with your head in line with your shoulders?	<input type="checkbox"/>	<input type="checkbox"/>
Is your head about an arm’s length away from your computer screen(s)?	<input type="checkbox"/>	<input type="checkbox"/>
<b>EYES</b>		
Are your eyes level with the top 1/3 of your screen(s)?	<input type="checkbox"/>	<input type="checkbox"/>
Are your eyes free of strain due to glare or reflections from your screen(s)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you rest your eyes using the 20-20-20 guideline? (Looking 20 feet away every 20 minutes for 20 seconds)	<input type="checkbox"/>	<input type="checkbox"/>
 		
<b>SHOULDERS</b>		
Are your shoulders relaxed?	<input type="checkbox"/>	<input type="checkbox"/>
<b>ELBOWS</b>		
Are your elbows bent about 90° while typing?	<input type="checkbox"/>	<input type="checkbox"/>
Are your elbows level with your keyboard while resting on the chair armrests?	<input type="checkbox"/>	<input type="checkbox"/>
<b>HANDS</b>		
Can you rest your hands evenly on the keyboard?	<input type="checkbox"/>	<input type="checkbox"/>
Is your keyboard centered directly in front of your screen(s)?	<input type="checkbox"/>	<input type="checkbox"/>
Is your mouse reachable and level with your keyboard?	<input type="checkbox"/>	<input type="checkbox"/>
Are you able to reach items that you use frequently without bending, twisting, or turning your whole body?	<input type="checkbox"/>	<input type="checkbox"/>

**Don’t work in an office? A different self-assessment might be right for you:**

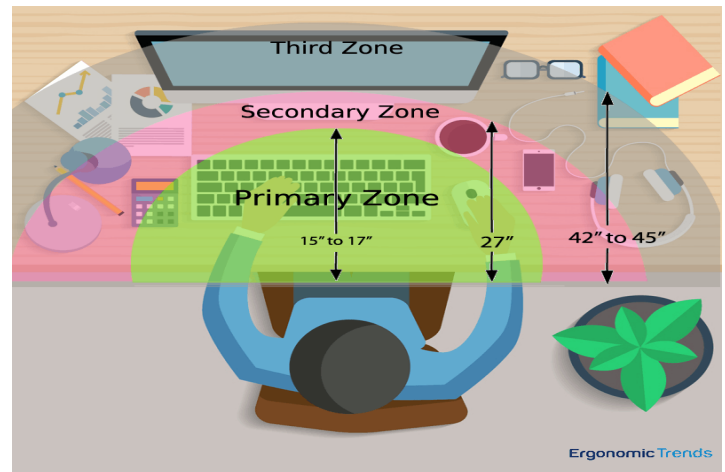
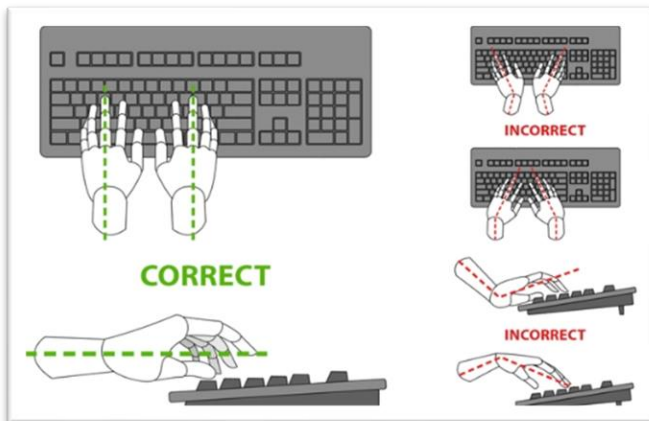
- Laboratory Ergonomic Self-Assessment
- Industrial/Operations Ergonomic Self-Assessment

**\*If you are still experiencing discomfort two weeks after adjusting your workstation,**  
ergonomics specialist at [ergonomics@tamu.edu](mailto:ergonomics@tamu.edu).

**contact an**

### Resources:

Healthworks Ergonomics. [10-Point Ergonomic Comfort Checklist]. (2016).



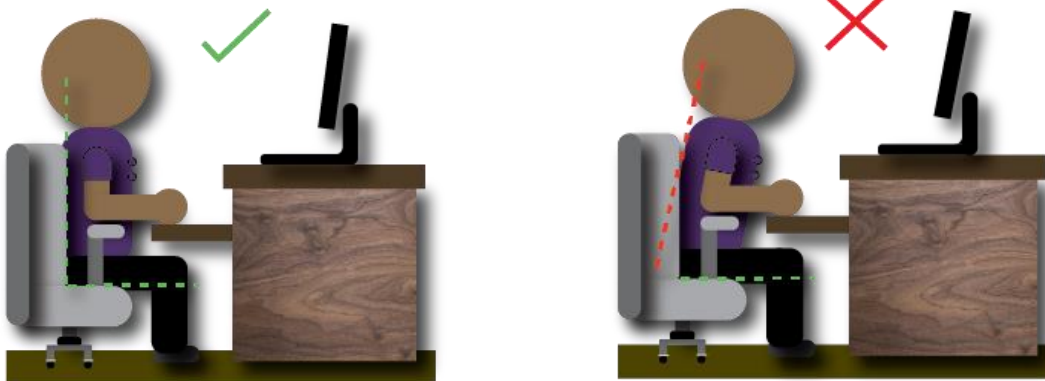
### UPPER BACK

Can you rest your back comfortably against the chair's back rest at either an upright or slightly reclined angle?

YES NO

### LOWER BACK

Is your lower back supported by the chair's backrest?



### HIPS

Are your hips pushed all the way back against the chair's backrest with the seat pan tilted slightly forward?

YES NO

### THIGHS

Are your thighs parallel with or slightly angled toward the floor?

Are the back of your knees about two fingers away from the edge of the seat?

### FEET

Are your feet fully supported on the floor or on a footrest?

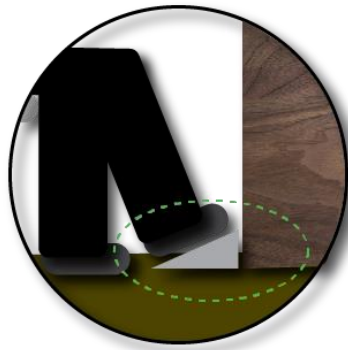
### ENVIRONMENT

Is your office appropriately lit and free from direct sunshine/glare?

Is your office kept at a comfortable temperature?

### Resources:

Healthworks Ergonomics. [10-Point Ergonomic Comfort Checklist]. (2016).



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- Laboratory Ergonomic Self-Assessment
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